TO: Oregon Legislative Joint Legal Marijuana Committee.

FROM: Michael D. Rochlin, RN, MN, COHN-S, CSP

DATE: Feb. 12, 2016

Subject: OMMA/OMMP fixes needed

My understanding of the main goal of the **short** 2016 Oregon Legislative session is some Legislative fixes, in order to help streamline the OMMA and Legal Cannabis Rules.

Therefore, my remarks will be brief, and advocate for clarity on a couple of necessary changes, to improve health & safety of OMMP cardholders.

I. Attending Physician Statement (APS)

OHA Rules ORS 333-008 define

> **"Attending physician"** …a Doctor of Medicine (MD) or Doctor of Osteopathy (DO), licensed under ORS chapter 677, who has **primary responsibility** for the care and treatment of a person diagnosed with a debilitating medical condition.

- It has been well publicized in numerous lay and medical publications, that there continues to be significant shortages of medical **primary care** providers (**PCP**); the solution appears to have worked by adding trained Nurse Practitioners (**NP's**) and Physician Assistants (**PA's**) to the primary care delivery system, adding critical resources, improving patient quality and safety outcomes.
- If training additional NP & PA's result in more cost-effective and quality/patient satisfaction than training more physicians, then it follows that we should also **consider allowing NP's & PA's to recommend medical cannabis.**
- In addition,

(49**) "Primary responsibility"** as that term is used in relation to an **attending physician** means that the physician:

(a) Provides **primar**y health care to the patient**; or**

(b) Provides **medical specialty** care and treatment to the patient as recognized by the American Board of Medical Specialties; **or**

(c) Is **a consultant** who has been asked to examine and treat the patient **by**

the patient's **primary care physician** licensed under ORS Chapter 677,

the patient's **physician assistant** licensed under ORS Chapter 677,

or the patient's **nurse practitioner** licensed under ORS Chapter 678; **and,**

(d) Has reviewed a patient's medical records at the patient's request and has conducted a thorough physical examination of the patient, has provided or planned follow-up care, and has documented these activities in the patient's medical record.

- Currently, NP's and PA's serve a vital need with primary care, and can spend needed and focused time with patient education & counseling. They are already in the best position to help serve the growing need of medical cannabis patients (nearing 80,000, per latest OHA stats), to help improve quality of care and reduce further fragmentation of healthcare services.
- By adding the already recognized primary care resources, to update the list of medical prescribers, also known as medical "providers" (updating the term "physicians") allowed to recommend Medical Marijuana, via **Attending Physician Statement (APS),** continuity of care and needed patient education/communication are likely to be improved, as well as patient satisfaction (per personal communications with PCP's).

II. OMMP cardholder fees

- Funding for Cannabis clinical education and research needs to be a priority, in order to facilitate safe patient care. Millions of dollars of OMMP cardholder fees collected have been reported to fund OHA non-MJ PH programs.
- Cardholder-paid fees should support Cannabis medical patient education and therapeutic use studies, instead of other OHA (non-MMJ) public health programs. Limited medical cannabis fees form OMMP cardholders, needs to be reviewed and cardholder fees should be used only to support Cannabis Medical (OMMP) program, to meet the intent of the voters for M91 passed in 2014. Other programs must not depend upon the cardholder fees for their operating budget.
- Due to the significantly increased volume of cardholders and resulting fees, earmarking cardholder fees primarily for OMMP patient issues, such as cardholder fee reductions or research that otherwise could not be funded, should be considered as a priority.
- In the most recently available public ACMM Meeting Minutes of **June 30, 2015**:
    - (Mr. Dalotto) requested that the **discussion on OMMP fee structure** occur **every year at a set time** so the ACMM can prepare.
    - Ms. Saxton (OHA) stated that the OMMP budget is tied to the Governor's budget so she cannot commit to doing so by the summer (of 2015). Ms. Saxton **can give an annual time when fee structure can be discussed**.

- Please clarify in statute the OMMP program budget needs, in order to clearly reflect the allocation of cardholder fees; the fees should only fund direct patient support activities; for example, lower costs for patients through improved/less

costly access, and/or for an evaluation of OMMP medical research studies and/or program, to determine how exploratory clinical research/practice studies could be safely supported in Oregon, by efficiently collaborating on best practices, cardholder value and taxpayer dollars that are used wisely and transparently.

Thank you for the time today to listen to an advocate supporting the safety and health of vulnerable Oregonians.